

## Office of State Publishing

## Electronic Prepress Work Request

OSP FORM 17 (Rev. 2/03)

Job No.: \_\_\_\_\_ Date: \_\_\_\_\_

## CUSTOMER INFORMATION

Agency/Department Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Wanted: \_\_\_\_\_

Time Wanted: \_\_\_\_\_

Charge to Job #: \_\_\_\_\_

Work Authorized by: \_\_\_\_\_

Customer Signature

## 1. DIGITAL INFORMATION AND MATERIALS SUPPLIED BY CUSTOMER:

## Program Information:

	MAC	PC	Version #
<input type="checkbox"/> QuarkXPress	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Pagemaker	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> InDesign	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Illustrator	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> FreeHand	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> CorelDRAW	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Photoshop	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> WordPerfect	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Microsoft Word	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> PDF	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Other _____	<input type="radio"/>	<input type="radio"/>	_____

File received via: ☐ Floppy ☐ Zip ☐ Jaz ☐ CD-ROM
☐ FTP to: \_\_\_\_\_  
☐ E-mail to: \_\_\_\_\_

## 2. HARD COPY SUPPLIED BY CUSTOMER:

(Note: OSP is not responsible for the accuracy of output from files not accompanied by current, actual size, laser copies.)

	No. of Pages Supplied
<input type="checkbox"/> Laser print(s)	_____
<input type="checkbox"/> Digital color prints	_____
<input type="checkbox"/> Previous printed sample	_____

## 3. SCANS NEEDED FROM:

	No. of Items Supplied
<input type="checkbox"/> Photos	_____
<input type="checkbox"/> Transparencies	_____
<input type="checkbox"/> Art and/or Reflective copy	_____

## 4. FONTS USED: (Both printer and screen fonts must be sent with job.)

Font Name	Style	Manufacturer	Version
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 5. FILE DESCRIPTION:

(Note: Please provide a directory of disk you're submitting.)

Disk Name: \_\_\_\_\_

Number of files on disk: \_\_\_\_\_

Name of file(s) to be output:

File Name	No. of Pages
-----------	--------------

_____	_____
_____	_____
_____	_____

Special Instructions: \_\_\_\_\_

_____	_____
_____	_____

## 6. PROOF REQUIRED:

- ☐ Lasers: ☐ Black & white ☐ Color  
☐ Improof (digital) ☐ Contract (digital)  
☐ Blueline/Dylux ☐ Matchprint ☐ Other \_\_\_\_\_

## 7. OUTPUT SPECIFICATIONS:

- ☐ Finished Size \_\_\_\_\_ (W) \_\_\_\_\_ x (H) \_\_\_\_\_  
☐ Print Colors as Black & White  
☐ Film (Screen dpi \_\_\_\_\_)  
☐ 4-Color Process (Note: All trapping will be done by OSP.)

Name(s) of Pantone/Spot Color Numbers: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

## 8. ADDITIONAL INSTRUCTIONS:

_____	_____
_____	_____
_____	_____